

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

4462

Do not use this space.

1155

MAR 13 1939

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis Mo. (d) Street No. 2956a. Dickson Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jessie Brown

(a) Residence, No. 2956 a. Dickson Ave. St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Wm. H. Brown.
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 70 Years
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 70 — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Nil.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Helena (STATE OR COUNTRY) Ark.

FATHER 13. NAME ? Lindsay.
 14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY)

17. INFORMANT Ophielia Boyce. (ADDRESS) 2956a Dickson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cemtery DATE Feb, 6 1939

19. FUNERAL DIRECTOR (NAME) Wright, s Funeral Home. (ADDRESS) 3100 Easton Ave.

20. FILED FEB 8 1939 J. D. Bruleck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1939

I HEREBY CERTIFY That I attended deceased from Nov 18 1938 to Feb 3 1939
 I last saw h. 4 alive on Feb 2 1939. Death is said to have occurred on the date stated above, at 4 55 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver

Other contributory causes of importance: Alc.
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) M. P. Carter, M. D.
 (Address) 11 E. Jefferson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

William C. McDowell, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

William C. McDowell

Licensed Embalmer No. _____

2114

P. O. Address. *3506 Franklin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.